FORM	STATE OF WASHINGTON				
A19-1A					
(REV.5/91)	INVOICE VOUCHER				

AGENCY NAME

Puget Sound Partnership 326 East D Street Tacoma, WA 98421

VENDOR OR CLAIMANT (Warrant is to be payable to)

Snohomish County Dept. of Public Works 3000 Rockefeller Ave, MS 607 Everett, WA 98201

AGE	NCY USE ONLY	Wes .
AGENCY NO.	LOCATION CODE	P.R. OR AUTH. NO.
	7-00-0	
	1	1
		1

Invoice #:

4

Agreement #:

2021-12

Billing period:

1/1/21-1/31/21

Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials. merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status. Race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY: E	3rian	Beason,	Administrative	Operations	Manager
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(SIGN IN INK)

3.1.21

(DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO.									RECEIVED BY	DATE REVIEWED						
Description										Budget Cumulative		Balance	Invoice Amount		FOR AGENCY USE	
Task 1 - Organize, Support, Administer, Facilitate, & Coordinate an LIO Task 2 - Advance Implementation of the 2018-2022 Action Agenda & Development of Task 3 - Performance Management							33,850.63	\$25,274.65	\$8,575.98	\$6,749.44						
									\$16,710.65							
									\$4,292.10							
Task 4 - Support Adaptive Management of LIO Ecosystem Recovery Plans									14,884.33	14,884.33 \$3,716.05	\$11,168.28	\$545.92				
Task5-Tailor LIO coordination to Support UniqueVision and Goals of LIO					47,699.27	\$7,353.13	\$40,346.14			\$2,964.60						
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									Total	125,000.00	\$43,906.86	\$81,093.14			11,664.75	
Prepared By Telephone Number Teresa Frolich 425-388-3115						Date Agency Approval 3/1/2021						Date				
Document Date						Vendor Number			Vendor Message			UBI#				
Doc Suf	Trans Code	M 0 D	Fund	Appn Index	er Index Program Index	Sub Obj	Sub Sub Object	Org Index	WorkClass ALLOC	County Budget Unit	City/Town MOS	PROJECT	Sub Proj	Proj Phas	AMOUNT	Invoice Number
					National States											
Accounting Approval for Payment							Date			Warra	nt Total		Warrant Number			